

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Nebraska Republican Party

ADDRESS (number and street)

1610 N Street

☐Check if different  
than previously  
reported. (ACC)

Lincoln

NE

68508

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00032334

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☒

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

1 2

0 1

2 0 0 9

through

1 2

3 1

2 0 0 9

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Rodney Krogh

Signature of Treasurer

Electronically Filed by Rodney Krogh

Date

0 2

1 9

2 0 1 0

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**

(Rev. 12/2004)

A. Form/Schedule : **F3XA**

Transaction ID :

First Amendment: This report is being amended to include two disbursements which were previously inadvertently omitted. Second Amendment: This report is being amended to correct a December 4, 2009 expenditure to the Internal Revenue Service. The expenditure was inadvertently reported with a zero dollar amount; the correct dollar amount is included in this amendment. All disbursements and expenditures for NEGOP FUNDRAISING EVENT POSTAGE, NEGOP FUNDRAISING MAIL EXPENSE, and NEGOP FUNDRAISING EVENT EXPENSE were for fundraising purposes for the state party only; no federal candidate or federal officeholder was identified in any of these events. Non-federal funds were not used in connection with any federal election or federal election activity.

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

3 / 50

Write or Type Committee Name  
Nebraska Republican Party

Report Covering the Period: From: 

M	M
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <div>Y Y Y Y 2009</div>		17374.40
(b) Cash on Hand at Beginning of Reporting Period .....	10945.26	
(c) Total Receipts (from Line 19) .....	70960.39	391713.28
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	81905.65	409087.68
7. Total Disbursements (from Line 31) .....	35087.57	362269.60
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	46818.08	46818.08
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	4140.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	36786.33	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

4 / 50

Write or Type Committee Name

Nebraska Republican Party

Report Covering the Period:

From:

M	M
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	14365.00	119585.00
(ii) Unitemized .....	48960.00	142724.66
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	63325.00	262309.66
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	5000.00	53500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	68325.00	315809.66
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	2635.39	75903.62
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	2635.39	75903.62
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	70960.39	391713.28
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	68325.00	315809.66

## DETAILED SUMMARY PAGE

of Disbursements

5 / 50

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	623.92	14648.03	
(ii) Non-Federal Share.....	3535.45	83005.18	
(b) Other Federal Operating Expenditures.....	15756.21	86624.83	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	19915.58	184278.04	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	360.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	5000.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	5360.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	15171.99	172631.56	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	15171.99	172631.56	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	35087.57	362269.60	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	31552.12	279264.42	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

6 / 50

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	68325.00	315809.66
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	5360.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	68325.00	310449.66
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	16380.13	101272.86
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	16380.13	101272.86

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Nebraska Republican Party

**A.**

Full Name (Last, First, Middle Initial)

Bruce Billesbach

Mailing Address 4502 Tucker St.

City

Omaha

State

NE

Zip Code

68152

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: 91220.C179941

Amount of Each Receipt this Period

100.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Andrew Borom

Mailing Address 4492 Rhoden Cove Lane

City

Tallahassee

State

FL

Zip Code

32312

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tallahassee Orthopedic Cl-  
inic

Occupation  
Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: 00118.C182839

Amount of Each Receipt this Period

250.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Lanny Boswell

Mailing Address 5000 S 63rd St

City

Lincoln

State

NE

Zip Code

68516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Nebraska Book Co.

Occupation  
Computer Programmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

Transaction ID: 91220.C179789

Amount of Each Receipt this Period

500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Nebraska Republican Party

**A.**

Full Name (Last, First, Middle Initial)

Debby Brehm

Mailing Address 10400 Yankee Hill Road

City

Lincoln

State

NE

Zip Code

68526

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Douglas Theatre Company

Occupation  
V. P.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: 91220.C179913

Amount of Each Receipt this Period

250.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Georgene Carlini

Mailing Address 2801 W Leota St

City

North Platte

State

NE

Zip Code

69101-6382

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 9

Transaction ID: 91220.C179824

Amount of Each Receipt this Period

100.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

John Dinkel

Mailing Address P.O. Box 1404

City

Norfolk

State

NE

Zip Code

68702-1404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DINKEL IMPLEMENT CO

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: 91220.C179897

Amount of Each Receipt this Period

1000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

1350.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Nebraska Republican Party

**A.**

Full Name (Last, First, Middle Initial)

Gary Dubler

Mailing Address P. O. 251

City

Emporium

State

PA

Zip Code

15834

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: 00118.C182522

Amount of Each Receipt this Period

250.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

John Ecklund

Mailing Address PO Box 851

City

Atkinson

State

NE

Zip Code

68713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Olson Industries Inc

Occupation

Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: 00118.C180013

Amount of Each Receipt this Period

100.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Roger Fagler

Mailing Address 3300 South 54

City

Lincoln

State

NE

Zip Code

68506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Estimator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: 00118.C183119

Amount of Each Receipt this Period

250.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Nebraska Republican Party

**A.**

Full Name (Last, First, Middle Initial)

Lila Fiebig

Mailing Address P.O. Box 641

City

State

Zip Code

Alliance

NE

69301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired teacher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: 00118.C180402

Amount of Each Receipt this Period

100.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Geoffrey Hall

Mailing Address 1212 Corey Drive

City

State

Zip Code

Blair

NE

68008-2713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
C & A Indust.

Occupation

DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: 00118.C179994

Amount of Each Receipt this Period

100.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Michael Herre

Mailing Address 16626 Harney St.

City

State

Zip Code

Omaha

NE

68118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fremont Contract Carrier

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: 91220.C179923

Amount of Each Receipt this Period

500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Nebraska Republican Party

**A.**

Full Name (Last, First, Middle Initial)

Kathy Hill

Mailing Address 7601 Pine Lake Rd.

City

Lincoln

State

NE

Zip Code

68516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LDS Church

Occupation

Regional Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: 00118.C180009

Amount of Each Receipt this Period

500.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Peter Holnback

Mailing Address 519 Orion Dr.

City

Colorado Springs

State

CO

Zip Code

80906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
District #12

Occupation

Teacher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 9

Transaction ID: 00118.C181367

Amount of Each Receipt this Period

250.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Gary Hunt

Mailing Address Po Box 37052

City

Fort Worth

State

TX

Zip Code

76117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Telesys Communications

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: 00118.C182316

Amount of Each Receipt this Period

250.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Nebraska Republican Party

**A.**

Full Name (Last, First, Middle Initial)

Gail Jensen

Mailing Address 13887 Hwy 75 N

City

Blair

State

NE

Zip Code

68008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Housewife

Occupation  
Housewife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 9

Transaction ID: 00118.C179962

Amount of Each Receipt this Period

250.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Warren E. Johnson

Mailing Address 222 West 3rd  
PO Box 454

City

Stromsburg

State

NE

Zip Code

68666

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: 91220.C179898

Amount of Each Receipt this Period

150.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Kathleen Keenan

Mailing Address 4511 S 67th Street

City

Omaha

State

NE

Zip Code

68117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Keenan Packaging

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 9

Transaction ID: 91220.C179811

Amount of Each Receipt this Period

50.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Nebraska Republican Party

**A.**

Full Name (Last, First, Middle Initial)

Kathleen Keenan

Mailing Address 4511 S 67th Street

City

Omaha

State

NE

Zip Code

68117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Keenan Packaging

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: 00118.C180155

Amount of Each Receipt this Period

150.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Dr. Christopher Kent

Mailing Address 2705 So 24th St

City

Lincoln

State

NE

Zip Code

68502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Neurological and Spinal

Occupation

NEUROSURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: 00118.C180036

Amount of Each Receipt this Period

100.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Ron Lockard

Mailing Address PO Box 2828

City

Mc Kinney

State

TX

Zip Code

75070-8177

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TMI Corporation

Occupation

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: 91220.C179926

Amount of Each Receipt this Period

500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Nebraska Republican Party

**A.**

Full Name (Last, First, Middle Initial)

Jerry Martin

Mailing Address 145C Selner Lane

City

Doylestown

State

PA

Zip Code

18901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 9

Transaction ID: 00118.C180164

Amount of Each Receipt this Period

1000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Nancy McCabe

Mailing Address 6118 S 96th Ct #23

City

Omaha

State

NE

Zip Code

68121

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Draken, LLC

Occupation  
Executive Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: 00118.C180014

Amount of Each Receipt this Period

100.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Hon. John Y. McCollister

Mailing Address 6438 South 120th Plaza

City

Omaha

State

NE

Zip Code

68137

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

710.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: 00118.C180069

Amount of Each Receipt this Period

110.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

1210.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Nebraska Republican Party

**A.**

Full Name (Last, First, Middle Initial)

Michael McDonald

Mailing Address 10623 Fowler Ave.

City

Omaha

State

NE

Zip Code

68134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mosaic

Occupation

Finance Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: 91220.C179916

Amount of Each Receipt this Period

100.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Matthew Meyer

Mailing Address 721 American Ave

City

Waukesha

State

WI

Zip Code

53188

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: 00118.C182437

Amount of Each Receipt this Period

250.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Matthew Meyer

Mailing Address 721 American Ave

City

Waukesha

State

WI

Zip Code

53188

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: 00118.C183489

Amount of Each Receipt this Period

250.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Nebraska Republican Party

**A.**

Full Name (Last, First, Middle Initial)

Robert Mori

Mailing Address 7429 East Heather Way

City

Everett

State

WA

Zip Code

98203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Benefits Nw Inc

Occupation

Health Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: 00118.C182830

Amount of Each Receipt this Period

1000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Thomas Nesbitt

Mailing Address 8017 S. 57th Street

City

Lincoln

State

NE

Zip Code

68516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: 91220.C179912

Amount of Each Receipt this Period

250.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Timothy ODeil

Mailing Address 4558 Pioneer Rd

City

Blair

State

NE

Zip Code

68008-6297

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ODeil Enterprises, Inc.

Occupation

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: 00118.C180010

Amount of Each Receipt this Period

1000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

2250.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Nebraska Republican Party

**A.**

Full Name (Last, First, Middle Initial)

J Oshaughnessy

Mailing Address 4 Jenifer Lane

City

Killingworth

State

CT

Zip Code

06419

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oshaughnessy Asset Manage-  
ment

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: 00118.C182340

Amount of Each Receipt this Period

1000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Mark Pawlowski

Mailing Address 7456 W Rosedale

City

Chicago

State

IL

Zip Code

60631

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Loyola University

Occupation

Financial Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: 00118.C182467

Amount of Each Receipt this Period

250.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Gerard Piccolo

Mailing Address 2020 North Sycamore

City

Grand Island

State

NE

Zip Code

68801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hall County

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: 00118.C180045

Amount of Each Receipt this Period

250.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Nebraska Republican Party

**A.**

Full Name (Last, First, Middle Initial)

Richard Pratt

Mailing Address 212 N 5th Street

City

Elmwood

State

NE

Zip Code

68349

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: 00118.C180071

Amount of Each Receipt this Period

100.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Mark Puccioni

Mailing Address 8005 Farnam St.

City

Omaha

State

NE

Zip Code

68114

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Midwest Neurosurgery

Occupation  
NEUROSURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: 91220.C179894

Amount of Each Receipt this Period

250.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Wayne L. Ryan

Mailing Address 1606 S 187th Cir.

City

Omaha

State

NE

Zip Code

68130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: 00118.C180005

Amount of Each Receipt this Period

250.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Nebraska Republican Party

**A.**

Full Name (Last, First, Middle Initial)

David Sibley

Mailing Address 801 Princeton Ave Sw

City

Birmingham

State

AL

Zip Code

35211

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardiology Pc

Occupation

Cardiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: 00118.C182774

Amount of Each Receipt this Period

250.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Barbara Smith

Mailing Address 9905 P Circle

City

Omaha

State

NE

Zip Code

68127

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: 00118.C180403

Amount of Each Receipt this Period

100.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Mark Spadaro

Mailing Address 9915 Y Plz. Apt. 2A

City

Omaha

State

NE

Zip Code

68127

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dyna-Tech Services

Occupation

President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: 91220.C179925

Amount of Each Receipt this Period

100.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Nebraska Republican Party

**A.**

Full Name (Last, First, Middle Initial)

Maureen Stamm

Mailing Address 71954 Ave 332

City

Benkelman

State

NE

Zip Code

69021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Farmer Implement Dealer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: 00118.C182845

Amount of Each Receipt this Period

250.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Ray Stevens

Mailing Address 3411 Hanson Court

City

Lincoln

State

NE

Zip Code

68502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lancaster County

Occupation

County Commissioner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: 91220.C179893

Amount of Each Receipt this Period

100.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Richard Stone

Mailing Address 850 Devon Ave.

City

Los Angeles

State

CA

Zip Code

90024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hogan & Hartson

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: 00118.C183086

Amount of Each Receipt this Period

250.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Nebraska Republican Party

**A.**

Full Name (Last, First, Middle Initial)

Richard Stone

Mailing Address 850 Devon Ave.

City

Los Angeles

State

CA

Zip Code

90024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hogan & Hartson

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: 00118.C183170

Amount of Each Receipt this Period

250.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Dennis Utter

Mailing Address 1208 Country Club Dr

City

Hastings

State

NE

Zip Code

68901-2405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: 00118.C180113

Amount of Each Receipt this Period

100.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Dennis Utter

Mailing Address 1208 Country Club Dr

City

Hastings

State

NE

Zip Code

68901-2405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: 00118.C180102

Amount of Each Receipt this Period

100.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Nebraska Republican Party

**A.**

Full Name (Last, First, Middle Initial)

Cindy Weitzenkamp

Mailing Address 116 CR 19

City

Hooper

State

NE

Zip Code

68031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: 00118.C180243

Amount of Each Receipt this Period

330.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Margaret Welch

Mailing Address 303 W Lochland Rd

City

Hastings

State

NE

Zip Code

68901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: 00118.C180270

Amount of Each Receipt this Period

75.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Earl Weston

Mailing Address 7928 Allott Ave

City

Fort Collins

State

CO

Zip Code

80525

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: 00118.C183021

Amount of Each Receipt this Period

250.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

655.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Nebraska Republican Party

**A.**

Full Name (Last, First, Middle Initial)

Pamela Weston

Mailing Address 7928 Allott Ave

City

Fort Collins

State

CO

Zip Code

80525

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: 00118.C183040

Amount of Each Receipt this Period

250.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Jeff Wheeler

Mailing Address 1308 Blaine St.

City

Holdrege

State

NE

Zip Code

68949

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Woods and Durham CPA

Occupation  
CPA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: 00118.C180358

Amount of Each Receipt this Period

100.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

**TOTAL** This Period (last page this line number only) .....

14365.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 50

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Nebraska Republican Party

**A.**

Full Name (Last, First, Middle Initial)

PrairieLand PAC

Mailing Address 228 S. Washington St. #115

City

Alexandria

State

VA

Zip Code

22314

FEC ID number of contributing  
federal political committee.

**C**

C00457689

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: 91220.C179922

Amount of Each Receipt this Period

5000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....

5000.00



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 25 / 50

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
Nebraska Republican Party

**A.**

Full Name (Last, First, Middle Initial)  
Awards Unlimited

Mailing Address 1935 O St

City Lincoln State NE Zip Code 68510-

Purpose of Disbursement  
NEGOP Fundraising Event Expense  
Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 00118.E13453

Date of Disbursement

12 / 11 / 2009

Amount of Each Disbursement this Period

19.26

NEGOP FUNDRAISING EVENT  
EXPENSE

**B.**

Full Name (Last, First, Middle Initial)  
Blue Cross Blue Shield of Nebraska

Mailing Address Attn: Randy Boldt  
PO Box 3248

City Omaha State NE Zip Code 68124-

Purpose of Disbursement  
Health Insurance Premiums  
Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 00118.E13446

Date of Disbursement

12 / 03 / 2009

Amount of Each Disbursement this Period

661.20

HEALTH INSURANCE PREMIUMS

**C.**

Full Name (Last, First, Middle Initial)  
Blue Cross Blue Shield of Nebraska

Mailing Address Attn: Randy Boldt  
PO Box 3248

City Omaha State NE Zip Code 68124-

Purpose of Disbursement  
Health Insurance Premiums  
Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 00118.E13454

Date of Disbursement

12 / 11 / 2009

Amount of Each Disbursement this Period

718.80

HEALTH INSURANCE PREMIUMS

**SUBTOTAL** of Disbursements This Page (optional) .....

1399.26

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 26 / 50

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
Nebraska Republican Party

A.

Full Name (Last, First, Middle Initial)  
Blue Cross Blue Shield of Nebraska

Mailing Address Attn: Randy Boldt  
PO Box 3248

City Omaha State NE Zip Code 68124-

Purpose of Disbursement  
Health Insurance Premiums

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00118.E13491

Date of Disbursement

12 / 23 / 2009

Amount of Each Disbursement this Period

718.80

HEALTH INSURANCE PREMIUMS

B.

Full Name (Last, First, Middle Initial)  
Jenna Carson

Mailing Address 8650 Lexington Ave #529

City Lincoln State NE Zip Code 68505-

Purpose of Disbursement  
Contract Labor - Web Site Design

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00118.E13464

Date of Disbursement

12 / 21 / 2009

Amount of Each Disbursement this Period

250.00

CONTRACT LABOR - WEB SITE  
DESIGN

C.

Full Name (Last, First, Middle Initial)  
Allie Jorgenson

Mailing Address 2205 Joyce Cir

City Bellevue State NE Zip Code 68005-

Purpose of Disbursement  
REIMBURSEMENT: SEE BELOW

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00118.E13489

Date of Disbursement

12 / 23 / 2009

Amount of Each Disbursement this Period

13.99

REIMBURSEMENT: SEE BELOW

SUBTOTAL of Disbursements This Page (optional) .....

982.79

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 27 / 50

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
Nebraska Republican Party

<b>A.</b> Full Name (Last, First, Middle Initial) Maverick Political	<b>Transaction ID:</b> 00118.E13465 <b>Date of Disbursement</b>
Mailing Address 1605 S. 176th St.	<div> <div>12</div> <div>21</div> <div>2009</div> </div>
City Omaha State NE Zip Code 68130-	Amount of Each Disbursement this Period
Purpose of Disbursement Web Site Design Candidate Name	<div>500.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type WEB SITE DESIGN	
<b>B.</b> Full Name (Last, First, Middle Initial) Meridian Central Public Affairs, LLC	<b>Transaction ID:</b> 00118.E13452 <b>Date of Disbursement</b>
Mailing Address 18331 DuPont Circle	<div> <div>12</div> <div>10</div> <div>2009</div> </div>
City Omaha State NE Zip Code 68130-	Amount of Each Disbursement this Period
Purpose of Disbursement Voter Registration Candidate Name	<div>7500.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type VOTER REGISTRATION	
<b>C.</b> Full Name (Last, First, Middle Initial) Meridian Central Public Affairs, LLC	<b>Transaction ID:</b> 00118.E13455 <b>Date of Disbursement</b>
Mailing Address 18331 DuPont Circle	<div> <div>12</div> <div>11</div> <div>2009</div> </div>
City Omaha State NE Zip Code 68130-	Amount of Each Disbursement this Period
Purpose of Disbursement NEGOP Fundrasing Mail Expense Candidate Name	<div>1000.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type NEGOP FUNDRAISING MAIL EXP-ENSE	

**SUBTOTAL** of Disbursements This Page (optional) .....

9000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 28 / 50

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
Nebraska Republican Party

**A.**

Full Name (Last, First, Middle Initial)  
Meridian Central Public Affairs, LLC

Mailing Address 18331 DuPont Circle

City Omaha State NE Zip Code 68130-

Purpose of Disbursement  
NEGOP Fundraising Mail Expense  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00118.E13492

Date of Disbursement

12 / 23 / 2009

Amount of Each Disbursement this Period

500.00

NEGOP FUNDRAISING MAIL EX-  
PENSE

**B.**

Full Name (Last, First, Middle Initial)  
Andrew Northwall

Mailing Address 2303 N 70th Ave

City Omaha State NE Zip Code 68104-

Purpose of Disbursement  
Web Site Design Expense  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00118.E13462

Date of Disbursement

12 / 21 / 2009

Amount of Each Disbursement this Period

326.98

WEB SITE DESIGN EXPENSE

**C.**

Full Name (Last, First, Middle Initial)  
Andrew Northwall

Mailing Address 2303 N 70th Ave

City Omaha State NE Zip Code 68104-

Purpose of Disbursement  
Contract Labor - Web Site Design  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00118.E13463

Date of Disbursement

12 / 21 / 2009

Amount of Each Disbursement this Period

499.99

CONTRACT LABOR - WEB SITE  
DESIGN

**SUBTOTAL** of Disbursements This Page (optional) .....

1326.97

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 29 / 50

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
Nebraska Republican Party

<b>A.</b> Full Name (Last, First, Middle Initial) Principal Financial Group	<b>Transaction ID:</b> 00118.E13456 <b>Date of Disbursement</b>																				
Mailing Address 711 High St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	1		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	1		2	0	9													
City Des Moines State IA Zip Code 50392-0001	Amount of Each Disbursement this Period																				
Purpose of Disbursement Dental Insurance Premiums Candidate Name	<table border="1"> <tr> <td colspan="10">63.42</td> </tr> </table>	63.42																			
63.42																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
001 Category/ Type	DENTAL INSURANCE PREMIUMS																				
<b>B.</b> Full Name (Last, First, Middle Initial) Principal Financial Group	<b>Transaction ID:</b> 00118.E13493 <b>Date of Disbursement</b>																				
Mailing Address 711 High St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	3		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	3		2	0	9													
City Des Moines State IA Zip Code 50392-0001	Amount of Each Disbursement this Period																				
Purpose of Disbursement Dental Insurance Premiums Candidate Name	<table border="1"> <tr> <td colspan="10">63.42</td> </tr> </table>	63.42																			
63.42																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
001 Category/ Type	DENTAL INSURANCE PREMIUMS																				
<b>C.</b> Full Name (Last, First, Middle Initial) Quality Press Inc.	<b>Transaction ID:</b> 00118.E13444 <b>Date of Disbursement</b>																				
Mailing Address 3500 N. 20th Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	1		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	1		2	0	9													
City Lincoln State NE Zip Code 68521-	Amount of Each Disbursement this Period																				
Purpose of Disbursement NEGOP Fundraising Event Exp Candidate Name	<table border="1"> <tr> <td colspan="10">219.23</td> </tr> </table>	219.23																			
219.23																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/ Type	NEGOP FUNDRAISING EVENT EXP																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**346.07**

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
Nebraska Republican Party

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 31 / 50

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
Nebraska Republican Party

**A.**

Full Name (Last, First, Middle Initial)  
Wells Fargo Card Services

Mailing Address PO Box 6426

City State Zip Code  
Carol Stream IL 60197-

Purpose of Disbursement  
CREDIT CARD: SEE BELOW

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 00118.E13469

Date of Disbursement

12 / 21 / 2009

Amount of Each Disbursement this Period

1874.77

CREDIT CARD: SEE BELOW

**B.**

Full Name (Last, First, Middle Initial)  
Courtyard Marriot - DC

Mailing Address 140 L St, SE

City State Zip Code  
Washington DC 20003-

Purpose of Disbursement  
MEMO Travel Expense

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 00118.E13488

Date of Disbursement

12 / 21 / 2009

Amount of Each Disbursement this Period

774.04

**[MEMO ITEM]**

MEMO: MEMO TRAVEL EXPEN-  
SE

**C.**

Full Name (Last, First, Middle Initial)  
Enterprise Rent A Car

Mailing Address 310 South 10th

City State Zip Code  
Lincoln NE 68508-

Purpose of Disbursement  
MEMO Travel Expense

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 00118.E13484

Date of Disbursement

12 / 21 / 2009

Amount of Each Disbursement this Period

120.09

**[MEMO ITEM]**

MEMO: MEMO TRAVEL EXPEN-  
SE

**SUBTOTAL** of Disbursements This Page (optional) .....

1874.77

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 32 / 50

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
Nebraska Republican Party

**A.**

Full Name (Last, First, Middle Initial)

Midwest Express Airlines

Mailing Address 4501 Abbott Drive

City OMAHA State NE Zip Code 68112-

Purpose of Disbursement  
MEMO Travel Expense

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00118.E13485

Date of Disbursement

12 / 21 / 2009

Amount of Each Disbursement this Period

458.90

**[MEMO ITEM]**

MEMO: MEMO TRAVEL EXPEN-  
SE

**B.**

Full Name (Last, First, Middle Initial)

OFFICE MAX

Mailing Address 2301 O STREET

City LINCOLN State NE Zip Code 68510-

Purpose of Disbursement  
MEMO NEGOP Fundraising Event Exp

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00118.E13474

Date of Disbursement

12 / 21 / 2009

Amount of Each Disbursement this Period

8.87

**[MEMO ITEM]**

MEMO: MEMO NEGOP FUNDRAIS-  
ING EVENT EXP

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

15756.21



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 33 / 50

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
Nebraska Republican Party

<b>A.</b> Full Name (Last, First, Middle Initial) Erin Bottger	<b>Transaction ID:</b> 00118.E13500 <b>Date of Disbursement</b>
Mailing Address 678 Parkwood Lane	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 5 / 2 0 0 9</div> </div>
City Omaha State NE Zip Code 68132- Purpose of Disbursement FEA Staff Salary Candidate Name	Amount of Each Disbursement this Period <div>287.54</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div> FEA STAFF SALARY
<b>B.</b> Full Name (Last, First, Middle Initial) Erin Bottger	<b>Transaction ID:</b> 00118.E13501 <b>Date of Disbursement</b>
Mailing Address 678 Parkwood Lane	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 3 1 / 2 0 0 9</div> </div>
City Omaha State NE Zip Code 68132- Purpose of Disbursement FEA Staff Salary Candidate Name	Amount of Each Disbursement this Period <div>296.01</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div> FEA STAFF SALARY
<b>C.</b> Full Name (Last, First, Middle Initial) INTERNAL REVENUE SERVICE	<b>Transaction ID:</b> 91220.E13436 <b>Date of Disbursement</b>
Mailing Address OGDEN, UTAH	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 4 / 2 0 0 9</div> </div>
City OGDEN State UT Zip Code 84201- Purpose of Disbursement FEA Staff Payrol Taxes Candidate Name	Amount of Each Disbursement this Period <div>1536.43</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div> FEA STAFF PAYROL TAXES

**SUBTOTAL** of Disbursements This Page (optional) .....

**2119.98**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 34 / 50

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
Nebraska Republican Party

<b>A.</b> Full Name (Last, First, Middle Initial) INTERNAL REVENUE SERVICE	<b>Transaction ID:</b> 00118.E13508 <b>Date of Disbursement</b>																				
Mailing Address OGDEN, UTAH	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	8		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	8		2	0	9													
City OGDEN State UT Zip Code 84201- Purpose of Disbursement FEA Staff Payroll Taxes Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>1</td><td>5</td><td>3</td><td>7</td><td>.</td><td>4</td><td>3</td> </tr> </table>	1	5	3	7	.	4	3													
1	5	3	7	.	4	3															
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA STAFF PAYROLL TAXES																				
<b>B.</b> Full Name (Last, First, Middle Initial) Allie Jorgenson	<b>Transaction ID:</b> 00118.E13502 <b>Date of Disbursement</b>																				
Mailing Address 2205 Joyce Cir	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	5		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	5		2	0	9													
City Bellevue State NE Zip Code 68005- Purpose of Disbursement FEA Staff Salary Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>9</td><td>6</td><td>7</td><td>.</td><td>1</td><td>3</td> </tr> </table>	9	6	7	.	1	3														
9	6	7	.	1	3																
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA STAFF SALARY																				
<b>C.</b> Full Name (Last, First, Middle Initial) Allie Jorgenson	<b>Transaction ID:</b> 00118.E13503 <b>Date of Disbursement</b>																				
Mailing Address 2205 Joyce Cir	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	1		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		3	1		2	0	9													
City Bellevue State NE Zip Code 68005- Purpose of Disbursement FEA Staff Salary Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>9</td><td>6</td><td>7</td><td>.</td><td>1</td><td>2</td> </tr> </table>	9	6	7	.	1	2														
9	6	7	.	1	2																
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA STAFF SALARY																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**3471.68**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 35 / 50

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
Nebraska Republican Party

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>NEBRASKA DEPT OF REVENUE</b>	<b>Transaction ID:</b> 00118.E13457 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 9
	Mailing Address 301 CENTENNIAL MALL SOUTH	
	City LINCORN State NE Zip Code 68508-	Amount of Each Disbursement this Period 730.86
	Purpose of Disbursement FEA Staff Payroll Taxes	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<b>FEA STAFF PAYROLL TAXES</b>
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>Perre Neilan</b>	<b>Transaction ID:</b> 00118.E13504 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 9
	Mailing Address 1536 Van Dorn St	
	City Lincoln State NE Zip Code 68502-3944	Amount of Each Disbursement this Period 2490.65
	Purpose of Disbursement FEA Staff Salary	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<b>FEA STAFF SALARY</b>
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>Perre Neilan</b>	<b>Transaction ID:</b> 00118.E13505 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 9
	Mailing Address 1536 Van Dorn St	
	City Lincoln State NE Zip Code 68502-3944	Amount of Each Disbursement this Period 2490.65
	Purpose of Disbursement FEA Staff Salary	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<b>FEA STAFF SALARY</b>

**SUBTOTAL** of Disbursements This Page (optional) .....**5712.16****TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 36 / 50

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
Nebraska Republican Party

**A.**

Full Name (Last, First, Middle Initial)  
Rebecca Weber

Mailing Address 2035 S. 50th St, Apt C

City Lincoln State NE Zip Code 68502-

Purpose of Disbursement  
FEA Staff Salary

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 00118.E13506

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1331.65

FEA STAFF SALARY

**B.**

Full Name (Last, First, Middle Initial)  
Rebecca Weber

Mailing Address 2035 S. 50th St, Apt C

City Lincoln State NE Zip Code 68502-

Purpose of Disbursement  
FEA Staff Salary

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 00118.E13507

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2536.52

FEA STAFF SALARY

**SUBTOTAL** of Disbursements This Page (optional) .....

3868.17

**TOTAL** This Period (last page this line number only) .....

15171.99

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 37 / 50

FOR LINE NUMBER:  
(check only one)☒ 9  
☐ 10NAME OF COMMITTEE (In Full)  
Nebraska Republican Party**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Friends of Senator Dave Karnes

Nature of Debt (Purpose):

-

Mailing Address 625 N. 129th Plaza

City State ZIP Code  
Omaha NE 68154-

Outstanding Balance Beginning This Period

4140.00

Transaction ID: LS0128200412C145191

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4140.00

1) **SUBTOTALS** This Period This Page (optional)..... ▶

4140.00

2) **TOTALS** This Period (last page this line number only)..... ▶

4140.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶

4140.00

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 38 / 50

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Nebraska Republican Party**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Hon. Chuck SigersonNature of Debt (Purpose):  
Travel Expenses

Mailing Address 15835 California Street

City State ZIP Code  
Omaha NE 68118-

Outstanding Balance Beginning This Period

831.75

Transaction ID: LS0128200457E6217

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

831.75

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Strategic Staff Management, IncNature of Debt (Purpose):  
Payroll-Labels-Company Bankrupt

Mailing Address 202 S. 71st Street

City State ZIP Code  
Omaha NE 68132-

Outstanding Balance Beginning This Period

11654.33

Transaction ID: LS0128200457E6218

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

11654.33

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
DoubleTree - OmahaNature of Debt (Purpose):  
NEGOP Fundraising Event Expense

Mailing Address 1616 Dodge

City State ZIP Code  
Omaha NE 68102-

Outstanding Balance Beginning This Period

24300.25

Transaction ID: LS91220.E13437

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

24300.25

**1) SUBTOTALS** This Period This Page (optional).....

36786.33

**2) TOTALS** This Period (last page this line number only).....

36786.33

**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

0.00

**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

36786.33

**METHOD OF ALLOCATION FOR:**

- **SHARED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **SHARED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES** (State, District and Local Party Committees Only)
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE)**(Seperate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

Nebraska Republican Party

**USE ONLY ONE SECTION, A or B****A. State and Local Party Committees****Fixed Percentage (select one)**

- \_\_\_\_\_ Presidential-Only Election Year (28% Federal)
- \_\_\_\_\_ Presidential and Senate Election Year (36% Federal)
- \_\_\_\_\_ Senate-Only Election Year (21% Federal)
- X  Non-Presidential and Non-Senate Election Year (15% Federal)

**B. Separate Segregated Funds and Nonconnected Committees****Flat Minimum Federal Percentage**If the committee will allocate using the flat minimum percentage of 50% federal funds, check ☐**or**

If the committee is spending more than 50% federal funds, indicate ratio below

Federal.....  %Nonfederal.....  %

This ratio applies to (check all that apply):

Administrative ☐ Generic Voter Drive ☐ Public Communications Referencing Party Only ☐

**SCHEDULE H3 (FEC Form 3X)**  
**TRANSFERS FROM NONFEDERAL ACCOUNTS FOR**  
**ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

PAGE 40 / 50  
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Nebraska Republican Party

NAME OF ACCOUNT  
 Non-Federal Account  
 1610 N Street

DATE OF RECEIPT

M M / D D / Y Y Y Y  
 1 2 / 0 3 / 2 0 0 9

TOTAL AMOUNT TRANSFERRED

478.61

BREAKDOWN OF TRANSFER RECEIVED

i) **Total Administrative** .....

478.61

Transaction ID: H300120.C183607

ii) **Generic Voter Drive** .....

Transaction ID:

iii) **Exempt Activities** .....

Transaction ID:

iv) **Direct Fundraising** (List Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

c) Total Amount Transferred for Direct Fundraising .....

v) **Direct Candidate Support** (List of Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support .....

vi) **Public Communications Referring Only to Party** (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

**TOTAL** This Period (Administrative) .....

**TOTAL** This Period (Generic Voter Drive) .....

**TOTAL** This Period (Exempt Activities) .....

**TOTAL** This Period (Direct Fundraising) .....

**TOTAL** This Period (Direct Candidate Support) .....

**TOTAL** This Period (Public Communications Referring Only to Party) .....

**TOTAL** This Period (Total Amount Transferred) .....



**SCHEDULE H3 (FEC Form 3X)**  
**TRANSFERS FROM NONFEDERAL ACCOUNTS FOR**  
**ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

PAGE 41 / 50  
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Nebraska Republican Party

NAME OF ACCOUNT  
 Non-Federal Account  
 1610 N Street

DATE OF RECEIPT

M M / D D / Y Y Y Y  
 1 2 / 1 5 / 2 0 0 9

TOTAL AMOUNT TRANSFERRED

123.59

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative .....

123.59

Transaction ID: H300120.C183608

ii) Generic Voter Drive .....

Transaction ID:

iii) Exempt Activities .....

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

c) Total Amount Transferred for Direct Fundraising .....

v) Direct Candidate Support (List of Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support .....

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative) .....

TOTAL This Period (Generic Voter Drive) .....

TOTAL This Period (Exempt Activities) .....

TOTAL This Period (Direct Fundraising) .....

TOTAL This Period (Direct Candidate Support) .....

TOTAL This Period (Public Communications Referring Only to Party) .....

TOTAL This Period (Total Amount Transferred) .....

**SCHEDULE H3 (FEC Form 3X)**  
**TRANSFERS FROM NONFEDERAL ACCOUNTS FOR**  
**ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

PAGE 42 / 50  
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Nebraska Republican Party

NAME OF ACCOUNT  
 Non-Federal Account  
 1610 N Street

DATE OF RECEIPT

M M / D D / Y Y Y Y  
 1 2 / 2 2 / 2 0 0 9

TOTAL AMOUNT TRANSFERRED

526.14

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative .....

526.14

Transaction ID: H300120.C183609

ii) Generic Voter Drive .....

Transaction ID:

iii) Exempt Activities .....

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

c) Total Amount Transferred for Direct Fundraising .....

v) Direct Candidate Support (List of Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support .....

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative) .....

TOTAL This Period (Generic Voter Drive) .....

TOTAL This Period (Exempt Activities) .....

TOTAL This Period (Direct Fundraising) .....

TOTAL This Period (Direct Candidate Support) .....

TOTAL This Period (Public Communications Referring Only to Party) .....

TOTAL This Period (Total Amount Transferred) .....

**SCHEDULE H3 (FEC Form 3X)**  
**TRANSFERS FROM NONFEDERAL ACCOUNTS FOR**  
**ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

PAGE 43 / 50  
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Nebraska Republican Party

NAME OF ACCOUNT  
 Non-Federal Account  
 1610 N Street

DATE OF RECEIPT

M M / D D / Y Y Y Y  
 1 2 / 2 3 / 2 0 0 9

TOTAL AMOUNT TRANSFERRED

1507.05

## BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative .....

1507.05

Transaction ID: H300120.C183610

ii) Generic Voter Drive .....

Transaction ID:

iii) Exempt Activities .....

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

c) Total Amount Transferred for Direct Fundraising .....

v) Direct Candidate Support (List of Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support .....

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

## TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative) .....

2635.39

TOTAL This Period (Generic Voter Drive) .....

0.00

TOTAL This Period (Exempt Activities) .....

0.00

TOTAL This Period (Direct Fundraising) .....

0.00

TOTAL This Period (Direct Candidate Support) .....

0.00

TOTAL This Period (Public Communications Referring Only to Party) .....

0.00

TOTAL This Period (Total Amount Transferred) .....

2635.39

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 44 / 50  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Nebraska Republican Party

**A. Full Name (Last, First, Middle Initial)**  
First National of Nebraska, Inc.

Mailing Address

Attn: Anna Castner 1620 Dodge Street

City State Zip Code

Omaha NE 68102-

001

Purpose of Disbursement:  
Merchant Service FeesCategory/  
TypeActivity or Event Identifier:  
ADMINISTRATION B 4

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

93723.54

Date M M / D D / Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: H400118.E13438

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

11.54

65.41

76.95

**B. Full Name (Last, First, Middle Initial)**  
Union Bank

Mailing Address

PO Box 82535

City State Zip Code

Lincoln NE 68501-

001

Purpose of Disbursement:  
Bank Service ChargeCategory/  
TypeActivity or Event Identifier:  
ADMINISTRATION B 4

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

97653.21

Date M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: H400118.E13440

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

43.96

249.09

293.05

**C. Full Name (Last, First, Middle Initial)**  
Windstream

Mailing Address

PO Box 30348

City State Zip Code

Atlanta GA 30348-

001

Purpose of Disbursement:  
Utilities - TelephoneCategory/  
TypeActivity or Event Identifier:  
ADMINISTRATION B 4

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

97360.16

Date M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: H400118.E13441

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

76.49

433.42

509.91

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

131.99

747.92

879.91

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 45 / 50  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Nebraska Republican Party

**A. Full Name (Last, First, Middle Initial)**  
BISHOP BUSINESS EQUIPMENT

Mailing Address

2440 O ST

City	State	Zip Code
LINCOLN	NE	68510-

001

Purpose of Disbursement:  
Copier MaintenanceCategory/  
TypeActivity or Event Identifier:  
ADMINISTRATION B 4

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

93646.59

Date 

M	M
1	2

 / 

D	D
0	3

 / 

Y	Y	Y	Y
2	0	0	9

Transaction ID: H400118.E13445

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

22.91

129.84

152.75

**B. Full Name (Last, First, Middle Initial)**  
Culligan Water

Mailing Address

1371 S 33rd St

City	State	Zip Code
Lincoln	NE	68510-4508

001

Purpose of Disbursement:  
Bottled WaterCategory/  
TypeActivity or Event Identifier:  
ADMINISTRATION B 4

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

94133.86

Date 

M	M
1	2

 / 

D	D
0	3

 / 

Y	Y	Y	Y
2	0	0	9

Transaction ID: H400118.E13448

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

7.84

44.40

52.24

**C. Full Name (Last, First, Middle Initial)**  
MCI WORLDCOM

Mailing Address

P.O. Box 856053

City	State	Zip Code
Louisville	KY	40285-

001

Purpose of Disbursement:  
Long DistanceCategory/  
TypeActivity or Event Identifier:  
ADMINISTRATION B 4

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

93844.74

Date 

M	M
1	2

 / 

D	D
0	3

 / 

Y	Y	Y	Y
2	0	0	9

Transaction ID: H400118.E13449

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

18.18

103.02

121.20

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

48.93

277.26

326.19

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 46 / 50  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Nebraska Republican Party

**A. Full Name (Last, First, Middle Initial)**  
 Sprint PCS

Mailing Address

P.O. Box 219554

City	State	Zip Code
Kansas City	MO	64121-

001

Purpose of Disbursement:  
 Utilities - Cellular

Category/  
Type

Activity or Event Identifier:  
 ADMINISTRATION B 4

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

94081.62

Date 

M	M
1	2

 / 

D	D
0	3

 / 

Y	Y	Y	Y
2	0	0	9

Transaction ID: H400118.E13450

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

17.44

98.80

116.24

**B. Full Name (Last, First, Middle Initial)**  
 Verizon Wireless

Mailing Address

Attn: John Flannery 1024 21st Street

City	State	Zip Code
West Des Moines	IA	50265-

001

Purpose of Disbursement:  
 Utilities - Cellular

Category/  
Type

Activity or Event Identifier:  
 ADMINISTRATION B 4

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

93965.38

Date 

M	M
1	2

 / 

D	D
0	3

 / 

Y	Y	Y	Y
2	0	0	9

Transaction ID: H400118.E13451

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

18.10

102.54

120.64

**C. Full Name (Last, First, Middle Initial)**  
 Culligan Water

Mailing Address

1371 S 33rd St

City	State	Zip Code
Lincoln	NE	68510-4508

001

Purpose of Disbursement:  
 Bottled Water

Category/  
Type

Activity or Event Identifier:  
 ADMINISTRATION B 4

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

94279.26

Date 

M	M
1	2

 / 

D	D
1	5

 / 

Y	Y	Y	Y
2	0	0	9

Transaction ID: H400118.E13458

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

2.52

14.25

16.77

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

38.06

215.59

253.65

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 47 / 50

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Nebraska Republican Party

**A. Full Name (Last, First, Middle Initial)**

MCI WORLDCOM

Mailing Address

P.O. Box 856053

City	State	Zip Code
Louisville	KY	40285-

001

Purpose of Disbursement:  
Long DistanceCategory/  
TypeActivity or Event Identifier:  
ADMINISTRATION B 4

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

94202.42

Date 

M	M
1	2

 / 

D	D
1	5

 / 

Y	Y	Y	Y
2	0	0	9

Transaction ID: H400118.E13460

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

10.28

58.28

68.56

**B. Full Name (Last, First, Middle Initial)**

Verizon Wireless

Mailing Address

Attn: John Flannery 1024 21st Street

City	State	Zip Code
West Des Moines	IA	50265-

001

Purpose of Disbursement:  
Utilities - CellularCategory/  
TypeActivity or Event Identifier:  
ADMINISTRATION B 4

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

94262.49

Date 

M	M
1	2

 / 

D	D
1	5

 / 

Y	Y	Y	Y
2	0	0	9

Transaction ID: H400118.E13461

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

9.01

51.06

60.07

**C. Full Name (Last, First, Middle Initial)**

Wells Fargo Card Services

Mailing Address

PO Box 6426

City	State	Zip Code
Carol Stream	IL	60197-

Purpose of Disbursement:  
CREDIT CARD: SEE BELOWCategory/  
TypeActivity or Event Identifier:  
ADMINISTRATION B 4

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

94326.26

Date 

M	M
1	2

 / 

D	D
2	1

 / 

Y	Y	Y	Y
2	0	0	9

Transaction ID: H400118.E13466

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

7.05

39.95

47.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

26.34

149.29

175.63

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 48 / 50

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Nebraska Republican Party

**A. Full Name (Last, First, Middle Initial)**

BEST BUY

Mailing Address

400 N 48TH

City

LINCOLN

State

NE

Zip Code

68504-

001

Purpose of Disbursement:

MEMO Office Supplies

Category/  
Type

Activity or Event Identifier:

ADMINISTRATION B 4

**[MEMO ITEM]** MEMO 001 Office Supplies

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

47.00

Date

M M

1 2

D D

2 1

Y Y

2 0

Y Y

0 9

Transaction ID: H400118.E13467

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

7.05

39.95

47.00

**B. Full Name (Last, First, Middle Initial)**

Wells Fargo Card Services

Mailing Address

PO Box 6426

City

Carol Stream

State

IL

Zip Code

60197-

Purpose of Disbursement:

CREDIT CARD: SEE BELOW

Category/  
Type

Activity or Event Identifier:

ADMINISTRATION B 4

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

94945.25

Date

M M

1 2

D D

2 1

Y Y

2 0

Y Y

0 9

Transaction ID: H400118.E13468

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

92.85

526.14

618.99

**C. Full Name (Last, First, Middle Initial)**

NETWORK SOLUTIONS INC.

Mailing Address

PO BOX 7305

City

BALTIMORE

State

MD

Zip Code

21297-0525

001

Purpose of Disbursement:

MEMO Web Site Hosting

Category/  
Type

Activity or Event Identifier:

ADMINISTRATION B 4

**[MEMO ITEM]** MEMO 001 Web Site Hosting

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

11.95

Date

M M

1 2

D D

2 1

Y Y

2 0

Y Y

0 9

Transaction ID: H400118.E13471

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

1.79

10.16

11.95

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

92.85

526.14

618.99

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT



# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 49 / 50

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Nebraska Republican Party

**A. Full Name (Last, First, Middle Initial)**  
Wells Fargo Card Services

Mailing Address  
PO Box 6426

City State Zip Code  
Carol Stream IL 60197-

001

Purpose of Disbursement:  
MEMO Finance Charges

Category/  
Type

Activity or Event Identifier:  
ADMINISTRATION B 4

[MEMO ITEM] MEMO 001 Finance Charges

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1.08

Date MM / DD / YYYY 12 / 21 / 2009

Transaction ID: H400118.E13473

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

0.16

0.92

1.08

**B. Full Name (Last, First, Middle Initial)**  
Verio

Mailing Address  
8005 S Chester St Ste 200

City State Zip Code  
Englewood CO 80112-3523

001

Purpose of Disbursement:  
MEMO Web Site Hosting

Category/  
Type

Activity or Event Identifier:  
ADMINISTRATION B 4

[MEMO ITEM] MEMO 001 Web Site Hosting

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

24.95

Date MM / DD / YYYY 12 / 21 / 2009

Transaction ID: H400118.E13472

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

3.74

21.21

24.95

**C. Full Name (Last, First, Middle Initial)**  
Best Western Normandy

Mailing Address  
405 S 8th St

City State Zip Code  
Minneapolis MN 55404-1082

002

Purpose of Disbursement:  
MEMO Travel Expense

Category/  
Type

Activity or Event Identifier:  
ADMINISTRATION B 4

[MEMO ITEM] MEMO 002 Travel Expense

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

581.01

Date MM / DD / YYYY 12 / 21 / 2009

Transaction ID: H400118.E13470

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

87.15

493.86

581.01

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

0.00

0.00

0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 50 / 50

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Nebraska Republican Party

**A. Full Name (Last, First, Middle Initial)**  
Stacey Dieckmann

Mailing Address  
4210 G St

City	State	Zip Code
Lincoln	NE	68510-4734

001

Purpose of Disbursement:  
Accounting/Business Services

Category/  
Type

Activity or Event Identifier:  
ADMINISTRATION B 4

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

96718.25

Date 

M	M
1	2

 / 

D	D
2	3

 / 

Y	Y	Y	Y
2	0	0	9

Transaction ID: H400118.E13495

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

265.95

1507.05

1773.00

**B. Full Name (Last, First, Middle Initial)**  
US Postmaster

Mailing Address  
700 R Street

City	State	Zip Code
Lincoln	NE	68501-

001

Purpose of Disbursement:  
Postage - Admin

Category/  
Type

Activity or Event Identifier:  
ADMINISTRATION B 4

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

96850.25

Date 

M	M
1	2

 / 

D	D
2	8

 / 

Y	Y	Y	Y
2	0	0	9

Transaction ID: H400118.E13498

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

19.80

112.20

132.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

285.75

1619.25

1905.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

623.92

3535.45

4159.37